Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 10718231 Substitute for Form PTO-875

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CLAIMS AS FILED - PART I (Column 1) (Column							olumn 2)	_	SMALL ENTITY		OR 	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED)	BMÙM	ER EXTRA		RATE	FEE]	RATE	FEI
BASIC FEE (37 CFR 1.16(a))]	,	s	OR		3
	TAL CLAIMS CFR 1.16(c))			minus 2	20 = '	•		1	x \$=		OR	× \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b)) mir					3 = .			1	x \$ =		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ 5 =		OR	+5 =	 	
* If the difference in column 1 is less than zero, enter *0* in column 2.								TOTAL	1	OR		 	
•	1	평 .	•				۷.		· TOTAL	L	J OK	TOTAL	<u> </u>
	C	LAIMS A	AS AM	ENDEL	D – PART	H						OTUE	THAN
		(Colum		٠.,	(Column 2) (Column 3			1 1	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAI REMAI AFT AMEND	NING ER		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION, FEE
	·Total (37 CFR 1.16(c))	1 6	7	Minus	20		=		x \$=		OR	x s =	
	Independent (37 CFR 1.16(b))	. 1		Minus	" 2	3	=		x \$=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$ =		OR	+ 5 =	
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Columi		<u> </u>	(Colum		(Column 3)	· •	· · · · · · · · · · · · · · · · · · ·	1	•		
ENDMENT B		CLAIN REMAIN AFTE AMENDN	NING R		HIGHES NUMBE PREVIOUS PAID FO	R SLY	. PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TION/ FEE
	Total (37 CFR 1.16(c))	•		Minus			=		x \$=		OR ·	 × \$ =	
	Independent (37 CFR 1,16(b))	,		Minus	•••		=		x \$_ =		OR	x s =	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$ =		OR	+5 ==	
			•				J	L	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column	ı 1)		÷∶ (Column	2)	(Column 3)				_		
NT C		CLAIM REMAIN AFTE AMENDM	1S IING R		HIGHES NUMBER PREVIOUS PAID FO	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
AMENDMENT	Total (37 CFR 1.16(c))			Minus	••		=		× \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•		Minus .	444		=		× \$ =		OR OR	x \$ =	
ξ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ 5 =		OR		
					· · · · · · · · · · · · · · · · · · ·				TOTAL		Ĺ	TOTAL	
									ADD'L FEE		OR	ADD'L FEE	

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.